

Appendix 9a

Prescribed format for an Enduring Power of Attorney for the period 1 November 1987 to 31 July 1990

Enduring Power of Attorney

Part A: About using this form

1. You may choose one attorney or more than one. If you choose more than one, you must decide whether they are able to act:

- **Jointly** (that is, they must all act together and cannot act separately) or
- **Jointly and severally** (that is, they can all act together but they can also act separately if they wish)

On the form, at the place marked 1, show what you have decided by crossing out one of the alternatives.

2. If you give your attorney(s) general power in relation to all your property and affairs, it means that they will be able to deal with your money or property and may be able to sell your house.

3. If you don't want your attorney(s) to have such wide powers, you can include any restrictions you like. For example, you can include a restriction that your attorney(s) must not act on your behalf until they have reason to believe that you are becoming mentally incapable; or a restriction that your attorney(s) may not sell your house. Any restrictions you choose must be written or typed on the form in the place marked 2.

4. Unless you put in a restriction preventing it, your attorney(s) will be able to use any of your money or property to benefit themselves or other people by doing what you yourself might be expected to do to provide for their needs.

Your attorney(s) will also be able to use your money to make gifts, but only for reasonable amounts in relation to the value of your money and property.

5. Your attorney(s) can recover the out-of-pocket expenses of acting as your attorney(s). If your attorney(s) are professional people, for example solicitors or accountants, they may be able to charge for their professional services as well.

6. If your attorney(s) have reason in the future to believe that you have become or are becoming mentally incapable of managing your own affairs, your attorney(s) will have to apply to the Court of Protection for registration of this power.

7. Before applying to the Court of Protection for registration of this power, your attorney(s) must give written notice that that is what they are going to do, to you and your nearest relatives, as defined in the Enduring Powers of Attorney Act 1985. You or your relatives will be able to object if you or they disagree with the registration.

8. This is a simplified explanation of what the Enduring Powers of Attorney Act 1985 and the Rules and Regulations say. If you need more guidance, you and your advisers will need to look at the Act itself and the Rules and Regulations. The Rules are the Court of Protection (Enduring Powers of Attorney) Rules 1986. (Statutory Instrument 1986 No 127). The Regulations are the Enduring Powers of Attorney (Prescribed Form) Regulations 1987 (Statutory Instrument 1987 No 1612).

9. Note to Attorney(s)
After the power has been registered the attorney(s) should notify the Court of Protection if the donor dies or recovers.

You can cancel this power at any time before it has to be registered

Part B: To be completed by the 'donor' (the person appointing the attorney(s))

Don't sign this form unless you understand what it means

Please read the notes in the margin

Donor's name & address

I
of

Donor's date of birth

born on

Attorney(s) name(s) and address(es)

appoint
of

• [and
of

See note 1 on the front of this form. If you are appointing only one attorney cross out everything between the square brackets

1

Cross out the one which does not apply (see note 1 on the front of this form)

- **Jointly**
- **Jointly and severally]**

to be my attorney(s) for the purposes of the Enduring Powers of Attorneys Act 1985

Cross out the one which does not apply (see note 2 on the front of this form)

- with general authority to act on my behalf
- with authority to do the following on my behalf:

If you don't want the attorney(s) to have general power, you must give details here of what authority you are giving the attorney(s)

in relation to

Cross out the one which does not apply

- all my property and affairs
- the following property and affairs:

Part B: continued

Please read the notes in the margin

If there are restrictions or conditions, insert them here; if not, cross out these words (see note 3 on the front of this form)

Your signature

Date

Someone must witness your signature

Signature of witness

Your attorney(s) cannot be your witness. If you are married it is not advisable for your husband or wife to be your witness

2 subject to the following restrictions and conditions:

I intend that this power shall continue even if I become mentally incapable.

I have read or have had read to me the notes in Part A which are part of, and explain this form.

Signed, sealed and delivered by me



L.S.

on

In the presence of

Full name of witness

Address of witness

.....
.....
.....

Part C: To be completed by the attorney(s)

Note

- This form may be adapted to provide for sealing by a corporation with its common seal
- If there are more than two attorneys attach an additional Part C

Don't sign this form before the donor has signed Part B

Signature of Attorney

Date

Signature of witness

Each Attorney must sign the form and each signature must be witnessed. The donor may not be the witness and one attorney may not witness the signature of the other

I understand that I have a duty to apply to the Court for the registration of this form under the Enduring Powers of Attorney Act 1985 when the donor is becoming or has become mentally incapable

I also understand my limited power to use the donor's property to benefit persons other than the donor.

I am not a minor

Signed, sealed and delivered by me 

L.S.
on

In the presence of

Full name of witness

Address of witness
.....
.....

I understand that I have a duty to apply to the Court for the registration of this form under the Enduring Powers of Attorney Act 1985 when the donor is becoming or has become mentally incapable

I also understand my limited power to use the donor's property to benefit persons other than the donor.

I am not a minor

Signed, sealed and delivered by me 

L.S.
on

In the presence of

Full name of witness

Address of witness
.....
.....

